HOSPITALS OF REGINA FOUNDATION
HOME LOTTERY™

HOME LOTTERY™ 2021 OFFICIAL TICKET REQUEST

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Official ticket(s) will follow by mail. Tax receipts cannot be issued. Only 52,500 tickets will be sold.

PURCHASER INFORMATION ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Dr.

First name_____ Last name_____

Mailing address _____

City/Town_____ Province SK Postal code ___ ___ ___ ___ ___ ___

Phone: Work ( )_____ Home ( )_____ Cell ( ) _____

Email _____

Check to receive text alerts ☐ (Standard mobile rates may apply) Age: ☐18-24 ☐25-34 ☐35-49 ☐50-64 ☐65+ The provision of age information is optional and used only for internal marketing and statistical purposes.

Tickets must be purchased and mailed within Saskatchewan. Purchasers must be at least 18 years of age. The following, including their spouse and any related or dependent person residing in the same household, are prohibited from purchasing a ticket: the directors, executives and staff of Hospitals of Regina Foundation, board and executive teams of builders contracted to provide real estate prizes to this lottery and any contracted interior designers, partners and employees of MNP LLP and its affiliates. Hospitals of Regina Foundation respects your privacy. We do not rent, sell or trade our contact lists. Personal information collected will be used to fulfill ticket orders, provide information on our future lotteries, contact prize winners and publicize the names of prize winners. If you wish to be removed from our contact lists, please check here____, or call 1-800-667-7760 or email reginalotterycs@mnp.ca. The liability of the licensee of this lottery shall be limited to the purchase price of the ticket(s).

TICKET ORDER INFORMATION

Home Lottery tickets

____single ticket(s) at $100 each. Total: $_____

____3-pack(s)♦ at $250 each. Total: $_____

____5-pack(s)♦ at $375 each. Total: $_____

50/50 Add-On®†

____single(s) at $25 each. Total: $_____

____15-pack(s)♦ at $50 each. Total: $_____

____25-pack(s)♦ at $75 each. Total: $_____

100 Days of Winning® Cash Calendar™ Add-On†

____single(s) at $25 each. Total: $_____

____3-pack(s)♦ at $50 each. Total: $_____

____6-pack(s)♦ at $75 each. Total: $_____

LIMITED QUANTITIES

_____ $500 **SUPER PACK(s)♦** Includes **6** – Home Lottery tickets, **15** – 50/50 Add-On tickets and **3** – 100 Days of Winning Cash Calendar Add-On tickets. **TOTAL: $** _____

_____ $850 **MAX PACK(s)♦** Includes **10** – Home Lottery tickets, **25** – 50/50 Add-On tickets and **6** – 100 Days of Winning Cash Calendar Add-On tickets. **TOTAL: $** _____

(Home Lottery tickets, 50/50 Add-On tickets, 100 Days of Winning Cash Calendar Add-On tickets, SUPER PACK and MAX PACK tickets) **TOTAL ORDER AMOUNT: $_____**

†50/50 Add-On(s) and 100 Days of Winning Cash Calendar Add-On(s) may only be ordered in conjunction with your Hospitals of Regina Foundation Home Lottery ticket. Add-On orders will not be accepted after your original Hospitals of Regina Foundation Home Lottery ticket order date. ♦Each Home Lottery ticket in a 3-pack or 5-pack, each 50/50 Add-On in a 15-pack or 25-pack, each 100 Days of Winning Cash Calendar Add-On in a 3-pack or 6-pack and each ticket in a Super Pack or Max Pack must contain the same information.

METHOD OF PAYMENT: (check only one) ☐Cash ☐Cheque ☐Money order ☐MasterCard ☐VISA ☐AMEX ☐Debit (Showhome only)

Make cheque or money order payable to: **Hospitals of Regina Foundation Home Lottery** *(Please, no post-dated cheques)*

Cardholder's name_____ Cardholder's signature_____

Card number ____ ____ ____ ____ • ____ ____ ____ ____ • ____ ____ ____ ____ • ____ ____ ____ ____ Expiry date ____ ____ • ____ ____ (M M Y Y)

Lottery Licence #LR20-0038